

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/27/2015
NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDS		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 LAFAYETTE RD CRAWFORDSVILLE, IN 47933		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This was a State hospital complaint investigation. Complaint: #IN00165341 Unsubstantiated; lack of sufficient evidence. Unrelated deficiency is cited. Facility Number: 005021 Survey Date: 02/27/2015 Surveyor: Saundra Nolfi, RN Public Health Nurse Surveyor QA: cloughlin 03/04/15	S 000		
S 322	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially. This RULE is not met as evidenced by: Based on policy and procedure review, administrative document review, and interview, the facility failed to follow their grievance policy time frame for 1 of 10 complaints/grievances	S 322		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 322	<p>Continued From page 1</p> <p>reviewed (#N1).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. The facility policy "Procedure for Patient Complaint and Grievance", last reviewed November 20, 2013, indicated, "III. General Information: A. Response to the person filing the complaint/grievance will be made within seven (7) days from receipt of the complaint/grievance." 2. Review of the facility's complaints/grievances for ten patients reviewed indicated a written complaint from the family member of patient #N1 regarding the physicians' care for a hospitalization in November 2014. Documentation indicated the complaint was received on 02/09/14 and a response was sent on 02/26/14 by staff member #6, the Executive Officer. 3. At 11:45 AM on 02/27/15, staff member #2, the QAPI Director, indicated the response letter was the only communication with the complainant that he/she was aware of. 	S 322			